

<p style="text-align: center;"><b>Proposed Addition to</b> <b>Division of Medical Assistance      N.C. Prior Authorization Program</b> <b>Qualaquin</b></p>
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**DRAFT**

**Therapeutic Class Code:** W4A

**Therapeutic Class Description:** Antimalarial Drugs

Effective [ insert date ], all prescriptions for Qualaquin will require prior approval.

**Medication Affected:** Qualaquin

**Early and Periodic Screening, Diagnosis and Treatment Provision**

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are medically necessary health care services to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service product or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. Additional information on EPSDT guidelines may be accessed at <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>.

**Coverage Criteria**

1) Treatment for uncomplicated malaria

**Procedures**

May be approved for 1 month

**References**

*FDA Advisory on Appropriate use of Quinine Containing Products. December 2006.*